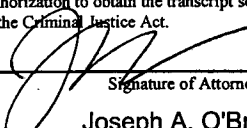
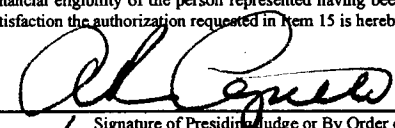
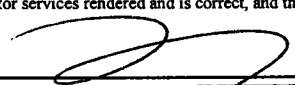
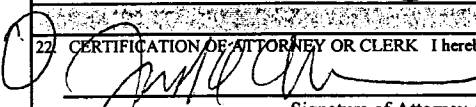
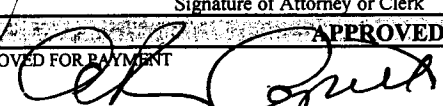


CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 01/08)

1. CIR/DIST./DIV. CODE		2. PERSON REPRESENTED Richard J. Harley		VOUCHER NUMBER 150324000070			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 3:12-CR-224		5. APPEALS DKT./DEF. NUMBER			
7. IN CASE/MATTER OF (Case Name) USA v. Richard J. Harley		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other			
10. REPRESENTATION TYPE (See Instructions)							
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 18 USC 1344, 152(3), 157(1), 1343							
REQUEST AND AUTHORIZATION FOR TRANSCRIPT							
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) Post-Trial Motions; Sentencing; Appeal							
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). Trial December 3, 4, 5, 10, 11, 12, 13, 14, 17, 2014 12/5/14 12/10/14 12/11/14							
14. SPECIAL AUTHORIZATIONS					JUDGE'S INITIALS		
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)							
B. <input checked="" type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited							
C. <input checked="" type="checkbox"/> Prosecution Opening Statement <input checked="" type="checkbox"/> Prosecution Argument <input checked="" type="checkbox"/> Prosecution Rebuttal <input checked="" type="checkbox"/> Defense Opening Statement <input checked="" type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.							
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.  Signature of Attorney Joseph A. O'Brien Printed Name Telephone Number: (570) 585-1200 <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization			16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted.  Signature of Presiding Judge or By Order of the Court 1/24/15 Date of Order Nunc Pro Tunc Date				
CLAIM FOR SERVICES							
17. COURT REPORTER/TRANSCRIBER STATUS <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other			18. PAYEE'S NAME AND MAILING ADDRESS LAURA BOYANOWSKI, RMC, CER 717 COLCAX AVENUE SCRANTON PA, 18510 Telephone Number: 570-499-0038				
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE 45-3995612							
20. TRANSCRIPT		INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original			446	3.65	1,627.90		1,627.90
Copy							
Expense (Itemize)							
TOTAL AMOUNT CLAIMED: 1,627.90							
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee  Date 2/20/15							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.  Signature of Attorney or Clerk 24 FEB 15 Date							
APPROVED FOR PAYMENT — COURT USE ONLY							
23. APPROVED FOR PAYMENT  Signature of Judge or Clerk of Court				3/18/15 Date		24. AMOUNT APPROVED 1627.90	